

Reinstate Direct Deposit

Employee's Name _____

ID# _____

Biweekly ____ Monthly ____

****This employee's direct deposit information has been verified & the information has not changed. Please change the employee's direct deposit status to active.****

_____ Department

_____ Department Signature, Print Name &
phone # _____ (Person that verified
with the employee that their bank information is the same as the last
time he/she was on Direct Deposit with UofL)

Employee's signature _____

Employee's Name (printed) _____

Please send to Payroll via Campus mail or fax to 852-5665*